

Role of men's sexual and reproductive health clinics in decreasing health inequalities



CPD 

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MEN have a lower life expectancy and are more likely to die from preventable diseases than women.¹ This relationship exists worldwide¹ and in Australia.² The cause for this difference in life expectancy is multifactorial and includes social, behavioural and biological factors. General practice is key in the delivery of preventive care, but is less well attended by men. Dedicated men's sexual and reproductive health (SRH) clinics have the potential to engage men in healthcare and to address health discrepancies by diagnosing undetected disease and preventing future illness.

Engaging men in SRH is important for many reasons:³ the prevention of sexually transmissible infections; promoting healthy relationships and behaviours, including the treatment of male sexual dysfunction; optimising fertility; and improving the chances of a healthy pregnancy and child. Engaging men in SRH is also an opportunity to promote general wellbeing and to engage in conversations about overall health and the prevention of future illness.

SRH conditions may be the first manifestation of an underlying illness.

For example, erectile dysfunction may be due to diabetes, cardiovascular disease or psychiatric conditions such as anxiety or depression; decreased libido may be a manifestation of hypogonadism or obstructive sleep apnoea.⁴ Male infertility in general is associated with an increased risk of cancer and a decrease in life expectancy.⁵ Thus, it is essential that when men present with SRH conditions they receive appropriate care, which includes a comprehensive history and appropriate physical examinations and investigations.

Initiating conversations about prevention and broader health concerns allows for the identification of lifestyle risk factors such as smoking, alcohol use, unhealthy diets and recreational drug use. These are risk factors for the development of chronic disease later in life. Heart disease is the leading cause of mortality in men, and men are four- to fivefold more likely to die of coronary heart disease in middle age (age 30–64 years) than women.⁶ Engaging men in healthcare during their reproductive years has the potential to identify and alter risk factors that lead to disease later in life, and includes appropriate screening for male-specific cancers such as testicular and prostate cancer.

It is especially important to engage in conversations about overall health with

patients who are otherwise unengaged with the healthcare system. It is known that men are less engaged with healthcare services than women,⁷ and this is particularly so with younger men in the 15- to 40-year age bracket. Men who have sex with men are another group with a low rate of engagement with healthcare services.⁸ Barriers to access may include attitudes towards health and health services utilisation; concepts of masculinity and other ideological barriers; and a lack of 'male-friendly' healthcare settings,⁹ which is particularly relevant in relation to sexual and reproductive health concerns, which are often personal and sensitive.

A dedicated male SRH clinic has the potential to overcome some of these barriers, particularly for young men.⁸ Once engaged, a comprehensive assessment can be conducted that could detect underlying disease and identify risk factors for future illness. There is also opportunity for education and counselling to improve knowledge about general health and fertility, which has the potential to address ideological barriers to healthcare, such as concepts of masculinity and gender roles. Men often have limited knowledge about fertility,¹⁰ and engagement with SRH is an opportunity to increase awareness, which can improve the chances of a healthy pregnancy and child. Interestingly, the fact

that young women of a similar age are more engaged with health services is related, in part, to their own SRH concerns, such as cervical screening, menstrual periods and contraception.

It is important to note that there is a lack of objective evidence for the beneficial effects of dedicated men's SRH clinics, but in our experience we often identify underlying health conditions in men who are otherwise unengaged with healthcare services, and who would not have had their condition diagnosed if their SRH concern had not triggered a presentation, resulting in further assessment.

In particular, obstructive sleep apnoea, diabetes and cardiovascular disease are frequently diagnosed. This is an area of ongoing research. Our clinic operates as a multidisciplinary team, which has the advantage of onsite general practice, urology and nursing expertise, but an SRH clinic could also operate as a dedicated clinic within a general practice.

In conclusion, dedicated men's SRH clinics have the potential to improve health outcomes for men. They can achieve this by overcoming barriers to healthcare and engaging men in healthcare services, as long as this engagement is associated with a comprehensive assessment that includes the identification of underlying health issues and risk factors that may cause future illness. By doing so, SRH clinics can improve health outcomes not only for men, but also for their partners, children and society.

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